



**North Carolina Department of Health and Human Services  
Division of Mental Health, Developmental Disabilities and Substance Abuse  
Services**

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Michael F. Easley, Governor  
Carmen Hooker Odom, Secretary

Mike Moseley, Director

August 16, 2004

**MEMORANDUM**

**To:** Legislative Oversight Committee Members  
MH/DD/SAS Commission  
Consumer/Family Advisory Committee Chairs  
Advocacy Organizations and Groups  
North Carolina Association of County Commissioners  
County Managers  
Chairs of Boards of County Commissioners  
North Carolina Council of Community Programs  
Area Program Directors  
Area Program Board Chairs  
Provider Organizations  
MH/DD/SAS Professional Organizations and Groups  
MH/DD/SAS Stakeholder Organizations and Groups  
Other MH/DD/SAS Stakeholders  
DHHS Division Directors  
DMH/DD/SAS Facility Directors

**From:** Mike Moseley

**Re: Communication Bulletin # 025  
Child Mental Health Plan  
Implementation Update**



As you know, in September 2003, the Division of Mental Health, Developmental Disabilities and Substance Abuse Services published the Child Mental Health Plan. The Plan outlined a framework for developing a child mental health system that will be responsive to the needs of children, their families and communities. That document recognized that implementation of the plan would be an evolutionary process and that many details needed to be addressed during the implementation period.

In order to ensure that those issues are addressed in a prompt and thoughtful manner I have decided to elevate and accelerate the implementation activities. Therefore, consistent with the creation of a cross

division Team for CAP/MRDD, I have appointed a cross division Team with specific expertise in all aspects of Child and Adolescent services to concentrate on the implementation of the Child Mental Health Plan. I have asked Mike Lancaster, MD, our new Chief of Clinical Policy and a Child Psychiatrist, to serve as the Team Leader. Susan Robinson will continue to serve with Mike as Plan Manager. Although the members of the special team will still be responsible for tasks related to their home assignments, I have made it clear to the Section Chiefs and Team Leaders that the work of the Child Team is a priority. This new team will have an aggressive timeline, with an initial report due to the Division's Executive Leadership Team on August 31<sup>st</sup>.

I have asked the team to review the current plan, and if necessary suggest changes that may need to be considered as the Plan moves forward. We are committed to providing a strong community based model of care to support clients and their families in remaining in their communities. We intend to bring the best resources available, from the division and the community, to assure the goals of reform are met, including evidence based practices, and best practice models of care with a strong emphasis on community and family empowerment. Dr. Lancaster and the team will actively solicit stakeholder involvement as they work through implementation issues.

One operational decision has already been agreed to by the Team. The DHHS/LME Contract for SFY 2004- 2005 includes a requirement that the LME participate in the Children's Services Memorandum of Agreement (MOA) (Attachment II 4.4). Since the MOAs may be revised in the future in light of the work of the Child Mental Health Plan Implementation Team, we have decided that the SFY 2003-2004 MOAs will remain in effect during this fiscal year. It is not necessary to enter into a new MOA at this time.

If you have comments or suggestions for this team, please contact [susan.robinson@ncmail.net](mailto:susan.robinson@ncmail.net) or [michael.lancaster@ncmail.net](mailto:michael.lancaster@ncmail.net).

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